

Commonwealth of Kentucky Public Service Commission

INFORMATION FORM FOR THE TELEPHONE UTILITIES OPERATING PURSUANT TO KRS 278.541 through 278.544

Complete Name of Telephone Utility: ComApp Technologies LLC

Physical Address of Principal Office: Street: 99 Washington Street
City: Melrose State: MA Zip: 02176

Primary Contact: Name: Phil Apanovitch Title: President
Phone: 781-6651997 Fax: 781-665-3013
Email: phil@compptech.com

Person Responsible For Answering Consumer Complaints:	Name:	<u>Phil Apanovitch</u>	Title:	<u>President</u>
	Address (if different from above)			
	Street:	_____	State:	_____ Zip: _____
	City:	_____	Fax:	_____
	Phone:	_____		

In accordance with KRS 278.542(2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Phil Apanovitch, on behalf of ComApp Technologies LLC, do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 9th day of August, 2018.

UTILITY: ComApp Technologies LLC

BY: Phil Apanovitch



STATE OF CONNECTICUT
COUNTY OF GLASTONBURY

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 9th day of August, 2018


NOTARY PUBLIC Janet M. Cyr

My Commission Expires: 4-30-19

JANET M. CYR
NOTARY PUBLIC
MY COMMISSION EXPIRES 4/30/19

